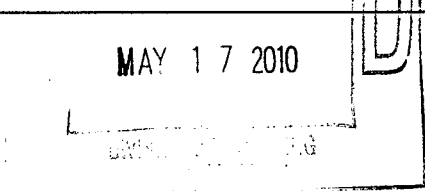


Division of Licensing and Protection

| | | | | |
|--|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/06/2010 |
| NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R100 | Initial Comments: The following deficiency is the result of an untimely, mandated self report to the Division of Licensing & Protection. | R100 |  <p>All staff have been in-serviced as to Residents Rights, the definition of resident abuse, neglect and exploitation and the reporting requirements per the Licensing Regulation Manual. Any future allegations of resident abuse will be reported to Adult Protective Services within the mandated 48-hour time frame.</p> <p>All newly hired staff will receive this training as part of their new employee orientation and all staff will be re-trained on an annual basis or as needed.</p> <p>Residents will be monitored on a random basis for signs of abuse, neglect or exploitation.</p> <p>The Executive Director is responsible for monitoring this plan of correction and reporting to the Quality Assurance Committee on a quarterly basis as to it's efficacy for one year or as long as needed.</p> <p><i>POC accepted 5/20/10 May [signature], RN</i></p> | |
| R206 SS=D | <p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.18 Reporting of Abuse, Neglect or Exploitation</p> <p>5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to make a timely report of alleged resident abuse to the designated state agency, Adult Protective Services. Findings include:</p> <p>Per review of a faxed self report received at the Division of Licensing & Protection, Adult Protective Services on 5/5/10, the facility failed to interview a staff member and report an allegation of resident abuse within 48 hours of receipt of the report, as required. The untimely submission was confirmed during a telephone interview with the Administrator on 5/6/10 at 9 AM.</p> | R206 | | 5/31/2010 |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

[Signature]

TITLE

EXECUTIVE DIRECTOR

EC6T11

(X6) DATE

5/14/10

If continuation sheet 1 of 1